

Registration District No. 793

Primary Registration District No. 6036

Registrar's No. 4

1. PLACE OF DEATH:

(a) County. Saline
(b) City or town. Rural Elmwood township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. 40 years (Specify whether years, months or days)

3. (a) PRINT
FULL NAME

Carl H. Hoelscher

3. (b) If veteran,
name war

3. (c) Social Security
No.

4. Sex. Male

5. Color or
race. White

6. (a) Single, widowed, married,
divorced. Married

6. (b) Name of husband or wife.
Lena Hoelscher

6. (c) Age of husband or wife if
alive years

7. Birth date of deceased. October 26 1876
(Month) (Day) (Year)

8. AGE:

Years

Months

Days

If less than one day

65

9

11

hr.

min.

9. Birthplace. Lafayette Co. O
(City, town, or county) (State or foreign country)

10. Usual occupation. Farmer

11. Industry or business

12. Name. Theodore Hoelscher

13. Birthplace. Germany
(City, town, or county) (State or foreign country)

14. Maiden name. Sophia Fankman

15. Birthplace. Concordia, Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant. Lena Hoelscher

(b) Address. Blackburn Mo

17. (a) Burial (b) Date thereof. 7-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Blackburn Cemetery

18. (a) Signature of funeral director. M. M. Merriam

(b) Address. Blackburn Mo

19. (a) July 9-1941 (b) M. W. Wessler
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Saline
(c) City or town. Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Blackburn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. July 7, '41
year. hour. 8.30 A M. minute. M.

21. I hereby certify that I attended the deceased from
October, 1940, to July 7, 1941,
in July 6, 1941,
that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death.
Carcinoma of Stomach.

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations.

Of autopsy

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence.
(c) Where did injury occur?
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature. L. S. James, M.D. 7-9-41
Address. Blackburn, Mo. Date signed. 41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Date Filed _____
District File Number 17-4-8
District Health Officer No. 8, _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed

Roy F. Wiegman

Licensed Embalmer No.

2883

P. O. Address

Higginsville, Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.